



GAS PIPING WORKSHEET

PLEASE PRINT OR TYPE

MONTGOMERY COUNTY
BUILDING REGULATIONS DIVISION

451 W. Third St. P.O. Box 972 Dayton, OH 45422
937-225-4622 • www.mcoho.org/build • Fax 937-225-6327

The following information shall be submitted with all Applications for Gas Piping Permits

ADDRESS: _____ PERMIT NUMBER _____

WHICH OF THE FOLLOWING ITEMS BEST DESCRIBES YOUR PROJECT? (Check One)

1. Repairs/Retest of Gas Piping System
 - a. Repair of leak or damage
 - b. Verify system adequacy for utility reconnect
2. Alteration and Addition of Gas Piping System
 - a. Changing Gas Piping or relocating gas piping in existing structure(s)*
 - b. Adding appliances to existing system *
 - c. Replacing or relocating existing appliances *
3. New Gas Piping System
 - a. Installing Gas Piping in new structure *
 - b. Changing from one fuel source to another *
4. What is the Gas Delivery Pressure ≤ 1 PSI 2 PSI ≥ 5 PSI

(Note: Standard pressure is ≤ 1psi)

*** Additional permits may be required; Contact plans examiner for additional information**

THIS GAS PIPING SYSTEM IS DESIGNED TO SUPPLY THE FOLLOWING: (Fill in the quantity of all that apply)

	<u>NEW</u>	<u>EXISTING</u>	<u>FUTURE EQUIPMENT</u> <i>(Shut off valve and cap required)</i>
<input type="checkbox"/> Forced Air (furnace / heater)	_____	_____	_____
<input type="checkbox"/> Water Heater/Boiler	_____	_____	_____
<input type="checkbox"/> Generator	_____	_____	_____
<input type="checkbox"/> Stove/Oven.....	_____	_____	_____
<input type="checkbox"/> Decorative Gas Appliance	_____	_____	_____
<input type="checkbox"/> Gas Dryer.....	_____	_____	_____
<input type="checkbox"/> Fire Place / Gas Logs.....	_____	_____	_____
<input type="checkbox"/> Radiant Heater	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

NOTE: All above ground piping shall be tested at **10 PSI** and underground piping shall be test at **50 PSI** with a pressure-measuring device designed to indicate a pressure loss caused by leakage, such as a 'Kuhlman Gauge'.

Applicant Signature: _____ Date: _____

Name (Printed): _____

Phone Number: _____